Business Plan
2016–2017

Department of Health and Wellness

NOVA SCOTIA

Message from the Minster

We promised Nova Scotians that we would put patients first – by reducing wait times, streamlining administration, reinvesting in front-line health care and reducing the number of district health authorities. With the newly revised Health Authorities Act and the work highlighted in the 2016-17 Business Plan, we are closer to that direction than ever before.

The Department of Health and Wellness is transitioning to an organization focused on performance and risk management of the health system, while the NSHA and IWK take the lead on providing and managing health services. This change in scope, focus and approach will allow us to better support and contribute to the development of healthy, safe and vibrant communities here in our province.

When we talk about Nova Scotians, we're talking about our children, our parents and the people we care about. Studies show that our environment, income, housing and food security contribute a great deal to our health. That is why we will work with our partners, inside and outside of government, to promote and support other factors that can improve the health status of Nova Scotians.

To achieve success in the year ahead, we will set priorities and create strategic plans based on evidence, evaluate the service effectiveness and oversight of programs and services, and work across government on priority topics. This journey will not be without challenges, but we are committed to making informed decisions that will lead to a better health system for Nova Scotians.

The health and wellbeing of Nova Scotians, and the communities in which they live, is of the most importance. We have made great strides, and that's due to our dedicated health care professionals and their willingness to accept change. With this new direction for 2016-17, I look forward to the advances we can achieve and the challenges we can face, together.

Leo Glavine
Minister, Health and Wellness

DHW Business Plan 2016/17

Section 1- Mandate:

The health and wellness system includes the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living. The newly revised *Health Authorities Act* clearly establishes new roles and responsibilities of the Department, the Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam Health Centre (IWK).

The Department is responsible for:

- providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system;
- ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- governing, managing and providing health services* in the Province and implementing the strategic direction set by the department; and
- Engaging with the communities they serve, through the community health boards.

***Health Services** are defined in the Act as "services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the Province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary-care services and such other services as may be prescribed by the regulations"

With the creation of the Nova Scotia Health Authority, which is responsible for the delivery of health programs and services, in conjunction with the IWK, DHW's role is significantly changing. In 2016-17, DHW will be transitioning from an organization that has direct involvement in the delivery of patient care and healthcare programs and services, to an organization that is focused on performance and risk management of the health system. This change can be seen in the actions established in this 2016-17 business plan.

Healthy, safe, vibrant communities are vital to the success of Nova Scotia's economy. Improving the health status of Nova Scotians will also have positive impacts on the education, social services and justice systems.

To improve the health status of Nova Scotians, Nova Scotia's health system requires a fundamental change in scope, focus and approach. First, the system needs to broaden its scope from being a system based on episodic health care to a system based on keeping people healthy. Second, we need to shift away from a model based on hospital delivered care, towards a model revolving around care delivered in the community, and one that enables and supports self-care. Third, we need to move away from provider centered approach towards a more person focused approach to care. People and users need to become the focal point around which care and services revolve, with independent providers coordinating their efforts to better meet expressed needs. We need to ensure our systems incent providers working to maximize their scopes of practice. And finally, we need to focus on the sustainability of our system. Nova Scotia spends the most per capita on health than any other province

or territory, however we have some of the worst health outcomes in the country.[1] We need to do things differently and use our resources more effectively and efficiently with a clear target of improving health outcomes.

Section 2- Department's link to government's three priorities:

Evidence shows that only 25% of a person's health status is related to the health programs and services provided to them.[2] The majority of what contributes to our health is outside of the health system. This includes: our environment, income, housing and food security.

With the creation of the new Nova Scotia Health Authority (NSHA), the NSHA and IWK are focused on providing health services that are appropriate, effective and sustainable. DHW is responsible for holding the NSHA and IWK accountable and for working with its partners across government, with other levels of government and with partners outside government to impact the other factors that influence health status.

In fulfilling this new role, in 2016-17 DHW will be focused on the following three priorities:

- DHW Redesign and Reorganization
- Planning for Health Services
- Innovation

Outcomes to be Achieved

DHW supports and contributes to the development of healthy, safe, vibrant communities in Nova Scotia.

Goals

1. DHW is structured to effectively focus on governance of and drive performance in the health system in Nova Scotia.
2. DHW oversees and supports planning for health services by the NSHA and IWK that delivers effective, appropriate, sustainable programs and services.

Actions – to achieve success DHW will:

1. DHW will implement its **new organizational structure** developed out of a redesign of its functions. On April 1, 2015, the Nova Scotia Health Authority was established from the consolidation of nine district health authorities. DHW has learned from other jurisdictions that it is important to examine the Ministry's mandate, organization and functions following this type of initiative. On April 1, 2016, DHW will implement a new organizational design which better meets the governance needs of the newly designed health system.
2. DHW will oversee and support **planning for health services** being led by the NSHA and IWK. Underpinned by the strength of the newly consolidated NSHA and IWK, planning for health services is a strategic approach to how all of our assets are used (equipment, infrastructure, workforce, etc.) to the greatest benefit of all Nova Scotians. This involves planning for quality, appropriate, sustainable services across the "continuum of care" (prevention and primary health care to acute care and end-of-life care).

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[1] http://www.conferenceboard.ca/hcp/provincial/health.aspx; https://www.cihi.ca/en/nhex_2014_report_en.pdf

[2] **http://www.parl.gc.ca/content/sen/committee/371/soci/rep/repintsep01part5-e.htm**

Inputs – To allocate appropriate resources to this priority, government will:

DHW will work closely with other departments in Government, other levels of government (federal and municipal) and non-governmental agencies and organizations to accomplish the actions established above. DHW will continue to fund the NSHA and IWK, through annual business planning, for health programs and services.

Performance Measures -- Success will be measured by:

1. DHW effectively implements a new organizational structure aligned with its new role under the revised *Health Authorities Act*.
2. The NSHA and IWK are authorized by DHW to implement initiatives under planning for health services.

Section 3 – Core Responsibilities/Services

In transitioning to the new role defined by the revised *Health Authorities Act,* DHW will be focused on five key aspects of governance:

- **Planning/Prioritization**—using predictive analytics and environmental scanning to determine what is needed now and into the future in our health system. Based on these needs developing and communicating priorities and strategic direction to the system.
- **Performance Management & Oversight**—using data and evidence to demonstrate progress against established direction and providing course correction where appropriate
- **Financial Resource Stewardship**—ensuring financial stewardship of government investments in the health system
- **Workforce Planning & Management**—using predictive analytics to determine health human resources needs now and into the future and developing strategies to meet those needs
- **Risk Management**—monitoring and auditing system performance against established direction and ensuring mitigation of risks identified

Outcomes to be Achieved

DHW supports and contributes to the development of healthy, safe, vibrant communities in Nova Scotia.

Goals

1. DHW effectively directs and oversees the health system in Nova Scotia
2. DHW positively impacts health status by working across government on the social determinants of health
3. The NSHA and IWK have the resources needed to deliver quality, appropriate, sustainable programs and services

Actions – to achieve success DHW will:

1. In setting priorities and creating a strategic plan for the health system, DHW will use **evidence and analytics**. This will involve the implementation of initiatives such as Personal Health Records which will provide DHW with data and evidence on usage and efficacy of programs and services to ensure investments are focused on programs and services that provide high value to the population.
    a. For example, predictive analytics can be used to determine the future needs in areas such as long term care and home care. Better understanding our needs will help ensure the infrastructure and services we put in place are appropriate and sustainable.

2. Establish and implement **effective accountability mechanisms** to evaluate the effectiveness of the NSHA, IWK and other service providers, such as continuing care providers. These accountability mechanisms will include key performance indicators, such as service wait times, service outcomes, vacancy rates for key disciplines and immunization rates.
3. Establish and implement **effective risk management** mechanisms to audit and manage risks in the health system. These mechanisms coupled with the accountability mechanisms will help ensure DHW is providing effective oversight of the health system and course correcting where appropriate.

4. **Work across government** on priority topics such as **positive mental health**.
    a. **Positive Mental Health** is a state of well-being that allows us to "feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face"3.
    b. The root causes and risk factors for poor mental health are the same or similar causes and risk factors for many chronic diseases, such as diabetes, cancer, cardiovascular disease and respiratory diseases.
    c. Management of chronic diseases is one of the key cost drivers in our acute care system, accounting for over 60% of direct health care costs. [4]
    d. By focusing on positive mental health as outlined in the Public Health Agency of Canada (PHAC) positive mental health framework, DHW will begin the development of a comprehensive wellness strategy.
    e. Choosing to focus on this area, which will impact many other areas, will provide the NSHA, IWK and DHW with an opportunity to demonstrate transition into our new roles. In focusing on positive mental health:
        i. DHW will be concentrating its efforts on: a) performance and risk management of the NSHA and IWK and b) inter and intra departmental work that addresses the root causes and risk factors for poor mental health, such as education, housing and food insecurity.
        ii. The NSHA and IWK will be concentrating their efforts on making changes to health services and programs to ensure they are best meeting the needs of Nova Scotians.

Inputs – To allocate appropriate resources to this priority, government will:

DHW will work closely with other departments in Government, other levels of government (federal and municipal) and non-governmental agencies and organizations to accomplish the actions established above. DHW will continue to fund the NSHA and IWK, through annual business planning, for health programs and services that support positive mental health.

Performance Measures -- Success will be measured by:

1. Establishment of the ability to conduct advanced analytics within DHW.
2. Regular reporting and follow-up by DHW of NSHA and IWK performance.

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[3] Public Health Agency of Canada

[4] Treatment of chronic disease consumes 67% of all direct health care costs, and cost the Canadian economy $190 billion annually – $68 billion is attributed to treatment and the remainder to lost productivity. Public Health Agency of Canada

DHW Budget 2016-17

Departmental Expenses Summary
($ thousands)

Programs and Services	2015-2016 Estimate	2015-2016 Forecast	2016-2017 Estimate
General Administration	2,932	2,305	**2,425**
Strategic Direction and Accountability			
Chief Medical Officer of Health	17,879	17,944	**13,156**
Client Service and Contract Administration	5,707	5,759	**5,405**
Corporate Service and Asset Management	28,492	25,186	**23,193**
Investment Decision Support	1,622	1,340	**3,699**
System Strategy and Performance	17,219	15,121	**8,523**
Service Delivery and Supports			
Physician Services	809,090	802,301	**808,465**
Pharmaceutical Services and Extended Benefits	289,243	292,154	**295,898**
Emergency Health Services	130,617	132,383	**139,137**
Continuing Care	810,692	820,156	**823,276**
Other Programs	215,598	222,209	**155,241**
Health Authorities			
Nova Scotia Health Authority	1,519,700	1,512,927	**1,568,355**
IWK Health Centre	209,024	208,533	**212,998**
Capital Grants and Healthcare Capital Amortization			
Capital Grants and Healthcare Capital Amortization	79,926	55,538	**72,438**
Total - Departmental Expenses	**4,137,741**	**4,113,856**	**4,132,209**
Ordinary Recoveries	108.419	117.269	114.220
Funded Staff (# of FTEs)	447.6	395.9	303.4
Department Funded Staff	429.7	383.8	297.4

Note:
For Ordinary Revenues, see Estimates and
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1